

PTO/SB/22 (10-00)
Approved for use through 10/31/2002, OMB 0651-0031
U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons	are required to respond to a	collection of information unit	ess if displays a valid OMB control our
PETITION FOR EXTENSION OF T			PSI -80 (
	In re Application of E	inarson et a	<u> </u>
	Application Number	1241,744	F21/99
		iel Monitoning	Well
	Group Art Unit 785		Examples. Politzer
This is a request under the provisions of reply in the above identified application.	37 CFR 1.136(a) to 6	extend the period for	r filing a
The requested extension and appropriate (check time period desired):	non-small-entity fee	are as follows	
One month (37 CFR 1.17(a)	(1))	ORV CENTER 2800	10 to
Two months (37 CFR 1.17(a			~ <u>-3-~</u>
Three months (37 CFR 1.17		0000	NUL 2
Five months (37 CFR 1.17)		BY RECEIVED	FAX COI
Applicant claims small entity statu above is reduced by one-half, and	s. See 37 CFR 1.27. the resulting fee is:	Therefore, the fee:	amount shown
A check in the amount of the fee i	s enclosed.		
Payment by credit card. Form PT The Commissioner has already be		arge fees in this	
application to a Deposit Account. The Commissioner is hereby auth	orized to charge any	fees which may be	required,
or credit any overpayment, to Dep I have enclosed a duplicate copy	osit Account Numbe	r	***************************************
I am the applicant/inventor			
, , , , , , , , , , , , , , , , , , , 	7 CFR 3.73(b) is end	e 37 CFR 3.71. losed. (Form PTO/S	SB/96).
attorney or agent of red			
Registration number if	acting under 37 CFR 1.34	(8)	
WARNING: Information on this fo be included on this form. Provide	rm may become pu credit card inform	blic. Credit card in ation and authoriz	nformation should not ation on PTO-2038.
12/21/01		Dougles !	E Marken 3 io ed or printed name
Date		Sign	ature
		Douglas E	. Weckenzio
1		Туре	ed or printed name
NOTE: Signatures of all the inventors or sasignee forms if more then one signature is required, see		terest or their represent	ative(s) are required. Submit mult
Total of	ed.		
Burden Hour Statement: This form is estimated to take 0.1 the amount of time you are required to complete this form	hours to complete. Time will all should be sent to the Chie	vary depending upon the r Information Officer, U.S. F	noods of the Individual case. Any com- Patent and Tradamark Office, Washin
20231. DO NOT SEND FEES OR COMPLETED FORMS T	O THIS ADDRESS. SEND TO): Assistant Commissioner	for Patents, Washington, DC 20231.

BEST AVAILABLE COPY